

Bureau of Health Care Quality & Compliance

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN3865HIC | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 06/17/2009 |
| NAME OF PROVIDER OR SUPPLIER SKY VISTA HOME CARE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 9599 CANYON MEADOWS DRIVE RENO, NV 89506 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE | |
| H 000 | Initial Comments This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility on June 17, 2009. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The census at the time of the survey was one. One resident file was reviewed and two employee files were reviewed. The following deficiencies were identified: | H 000 | | | |
| H 011 | Director Duties-Needs Assessment NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 2. Ensure that the needs of each resident of the home are assessed upon admission of the resident to the home, and that the assessment is updated as the needs of the resident change. This Regulation is not met as evidenced by: Based on interview and record review on 6/17/09, the needs of 1 of 1 residents were not assessed upon admission to the home (Resident # 1). | H 011 | | <p>RECEIVED JUL 30 2009 BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA</p> <p><i>I'm going to make sure that the needs of each resident of the home are assessed upon admission.</i></p> | |

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| H 012 | Continued From page 1 | H 012 | | |
| H 012 | <p>Director Duties-Document Abilities</p> <p>NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 2. Ensure that the needs of each resident of the home are assessed upon admission of the resident to the home, and that the assessment is updated as the needs of the resident change. Such an assessment must include: (a) Documentation of the abilities of the resident to function independently; and</p> <p>This Regulation is not met as evidenced by: Based on record review on 6/17/09, the director failed to document at admission the abilities of 1 of 1 residents to function independently (Resident #1).</p> | H 012 | <p>Again, I'm going to make sure I document of the abilities of the resident to function independently.</p> | |
| H 013 | <p>Director Duties-List Needed Assistance</p> <p>NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 2. Ensure that the needs of each resident of the home are assessed upon admission of the resident to the home, and that the assessment is updated as the needs of the resident change. Such an assessment must include: (b) A Complete list of the matters for which the resident requires assistance.</p> <p>This Regulation is not met as evidenced by: Based on record review on 6/17/09, the facility failed to list items in which 1 of 1 residents required assistance (Resident #1).</p> | H 013 | <p>Ensure a complete list of the matters for which the resident requires assistance</p> | |

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| H 019 | Continued From page 2 | H 019 | | |
| H 019 | <p>Director Duties-No FA/CPR</p> <p>NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall:</p> <p>4. Ensure that a caregiver, who is capable of meeting the needs of the residents and has been trained in first aid, and cardiopulmonary resuscitation, is on the premises of the home at all times when a resident is present.</p> <p>This Regulation is not met as evidenced by: Based on record review and staff interview on 6/17/09, the director did not ensure that 2 of 2 caregivers had received training in cardiopulmonary resuscitation (CPR) and first aid (Employee #1 and #2).</p> | H 019 | <p>I'm going to make sure the caregiver displays the CPR and First Aid on the board.</p> | |
| H 034 | <p>Safety&Sanitation-Food Preparation</p> <p>NAC 449.15525 Requirements for safety and sanitation of facility. (NRS 449.249)</p> <p>2. A home must contain:</p> <p>(d) Equipment that is sufficiently clean and adequate for the preparation, service and storage of food;</p> <p>This Regulation is not met as evidenced by: Based on observations on 6/17/09, kitchen equipment was not sufficiently clean and adequate for the preparation, service and storage of food.</p> | H 034 | <p>Ensure that the equipment is clean and adequate for the preparation, service and storage of food.</p> | |
| H 045 | <p>Records of Residents-Current Needs Assessment</p> | H 045 | | |

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| H 045 | <p>Continued From page 3</p> <p>NAC 449.15527 Agreement between operator of home and resident concerning rates; maintenance of records of residents. (NRS 449.249)</p> <p>The operator of a home shall:</p> <p>2. Maintain a separate, organized file for each resident of the home and retain the file for 5 years after the resident permanently leaves the home. Each file must include:</p> <p>(d) A current copy of the assessment of the needs of the resident conducted pursuant to NAC 449.15523.</p> <p>This Regulation is not met as evidenced by: Based on record review on 6/17/09, the facility failed to ensure there was a copy of a needs assessment in the file for 1 of 1 residents (Resident #1).</p> | H 045 | <p>I do have an Agreement between operator and resident concerning rates. A current copy of the Assessment of the needs is just repeated on Ho-11.</p> | |
| H 050 | <p>Tuberculosis-Employees</p> <p>NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment.</p> <p>1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>2. A medical facility, a facility for the dependent or</p> | H 050 | | |

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| H 050 | <p>Continued From page 4</p> <p>a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and</p> | H 050 | | | |

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| H 050 | <p>Continued From page 5</p> <p>Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>(Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006)</p> <p>This Regulation is not met as evidenced by: Based on record review on 6/17/09, the facility failed to ensure that 2 of 2 caregivers complied with NAC 441A.375 regarding tuberculosis(TB) testing. Employee #1 and #2 were both missing</p> | H 050 | <p><i>I'm going to attach the TB Test for 2 caregivers and 1 patient when</i></p> | | |

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| H 050 | Continued From page 6 physicals and two-step TB skin tests. | H 050 | <p><i>I submit this paper works.</i></p> <p><i>I'm going to make sure when the patient enter to my house to sign the Contract to administer the medications.</i></p> | | |
| H 060 | <p>Ultimate User Agreement</p> <p>NRS 453.375 Authority to possess and administer controlled substances. A controlled substance may be possessed and administered by the following persons:</p> <p>6. An ultimate user or any person whom the ultimate user designates pursuant to a written agreement.</p> <p>NRS 454.213 Authority to possess and administer dangerous drug. [Effective through December 31, 2007.] A drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by:</p> <p>10. An ultimate user or any person designated by the ultimate user pursuant to a written agreement.</p> <p>This Regulation is not met as evidenced by: Based on record review on 6/17/09, the facility did not obtain an ultimate user agreement authorizing the facility to administer medications to 1 of 1 residents (Resident #1).</p> | H 060 | | | |

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